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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/616,977	07/14/2000	Aviad Zlotnick	06727/000H417-US0	7345
7278	7590	03/11/2010		
DARBY & DARBY P.C. P.O. BOX 770 Church Street Station New York, NY 10008-0770			EXAMINER STORK, KYLE R	
			ART UNIT 2178	PAPER NUMBER
			MAIL DATE 03/11/2010	DELIVERY MODE PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.




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Board of Patent Appeals and Interferences

DARBY & DARBY P.C.  
P.O. BOX 770  
CHURCH STREET STATION  
NEW YORK, NY 10008-0770

Appeal No: 2009-014141  
Appellant: Aviad Zlotnick  
Application No: 09/616,977  
Hearing Room: B  
Hearing Docket: B  
Hearing Date: Tuesday, May 04, 2010  
Hearing Time: 09:00 AM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

**CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.** This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within **TWENTY-ONE (21) DAYS** from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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